

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-19-2002 90098 042 ***150.00

DOCUMENT # K78706
 1. Entity Name
BIG BEND LAND CORPORATION

Principal Place of Business
**705 NORTH MAIN ST.
 P.O. BOX 790
 CROSS CITY FL 32628**

Mailing Address
**P.O. BOX 790
 705 NORTH MAIN ST
 CROSS CITY FL 32628**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2837858** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JR. MCKINNEY, J. M
 705 N MAIN STREET
 CROSS CITY FL 32628**

7. Name and Address of New Registered Agent
 Name
Carol M. Gooding
 Street Address (P.O. Box Number is Not Acceptable)
705 North Main Street (Mail P.O. Box 790)
 Cross City, FL
 City **Cross City** **FL** Zip Code **32628**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* **J.M. McKinney, Jr. Secretary** **2/4/02**
Signature, word or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reissuing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODING, CAROL M 3340 HIGHVIEW RD CHARLOTTE NC 28210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCKINNEY, J. M., JR. 705 NORTH MAIN ST CROSS CITY FL 32628	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COATES, RICHARD E 11134 PENNEWAW TRACE TALLAHASSEE FL 32311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODING, Carol-M 705 N. Main St. (P.O. Box 2461) Cross City, FL 32628	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/4/02** **352-498-5572**
SIGNATURE AND TYPE OF AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)